

215047715
70228

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 106	Agency Case No. B5-107419	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	11/17/2015		(In Military Time) 1915		STATE USE ONLY 11/17/2015
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1921	PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Meredeth		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	19	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	20	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
F	2	VEHICLE NO. 1				
		DRIVER LICENSE NO.	H13224112	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	1	DRIVER ELIZABETH R EVANS		PHONE 402-840-7523	LOCAL NO.	
V2/N	1	DRIVER ADDRESS 4846 Meredeth Street, LINCOLN, NE 68506		DATE OF BIRTH (MM / DD / YYYY) 07/18/1991	LOCAL NO.	
G	2	OWNER RICHARD D EVANS / Elizabeth R Evans		PHONE 402-840-7523	LOCAL NO.	
		OWNER ADDRESS 4846 MEREDETH ST, LINCOLN, NE 68506		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB488564	
H	5	LICENSE PLATE PA NO.	SLE366	YEAR (Plate Expires) 2016	STATE (Of Plate) NE	
V1/O	2	VEHICLE 2011	MAKE Chevrolet	MODEL IMT	BODY STYLE 4 door Sedan	COLOR blue
V2/O	2	VEHICLE ID NO. (VIN) 2G1WG5EK6B1239243	TOWED TO		TOWED BY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
		TOWED BY		INSURANCE COMPANY Nationwide		POLICY NO. PPNM0030175130-9
I	1	VEHICLE NO. 2				
		DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	1	DRIVER Legally Parked		PHONE	LOCAL NO.	
V2/P	8	DRIVER ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	LOCAL NO.	
J	01	OWNER SKYELER TENOPIR		PHONE 402-525-1734	LOCAL NO.	
		OWNER ADDRESS 3826 Everett Street, Lincoln, NE 68506		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q	3	LICENSE PLATE PA NO.	SKS638	YEAR (Plate Expires) 2016	STATE (Of Plate) NE	
V2/Q	3	VEHICLE 2001	MAKE Buick	MODEL CCU	BODY STYLE 4 door Sedan	COLOR beige
K	01	VEHICLE ID NO. (VIN) 2G4WS52J311336587	TOWED TO		TOWED BY	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
		TOWED BY		INSURANCE COMPANY Farmers Mutual		POLICY NO. AU275717
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. # NAME ADDRESS					3 Body Region	4 Injury Sev.
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME					5 Trans.	SEX M F
VEH. # NAME ADDRESS						
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						
VEH. # NAME ADDRESS						
LOCAL NO. MEDICAL FACILITY NAME EMS SERVICE NAME						

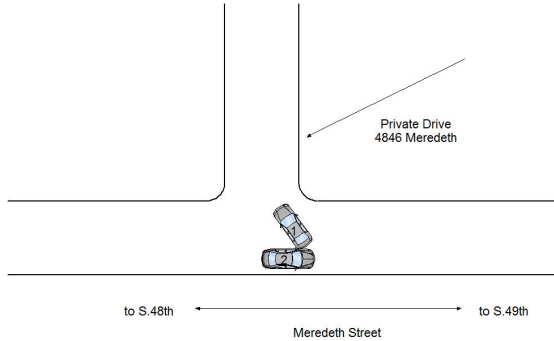
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107419



Indicate
North
by Arrow



POI
109' west of west curb S.49th
6' north of south curb Meredith
Meredeth=22'

measurements approx

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver #1 reports she was backing out of her driveway when she struck a parked vehicle parked on Meredith. Driver #1 said her tinted windows and rain on her window made it difficult for her to see out. Owner of vehicle #2 said she was inside and heard the collision and came out to find driver #1 had hit her vehicle.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS			PHONE
	NAME	ADDRESS			PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	3	VEH 2	0		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1		X			Private Drive														
2			X		Meredeth Stre														
1	02				06 Turning left		06		06		06		06		06		06		
2	10				08 Entering traffic lane		07		07		07		07		07		07		
				01 Essentially straight ahead				02 Backing				03 Changing lanes				04 Overtaking/ Passing			
				05 Turning right				06 Turning left				07 Making U-turn				08 Entering traffic lane			
				09 Leaving traffic lane				10 Parked				11 Slowing or stopped in traffic				12 Other			
				13 Unknown															

OFFICER NO. 947	TROOP/ TEAM/ BEAT SE	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Tyler Dean		INVESTIGATOR SIGNATURE Approved by Officer Tyler Dean	DATE OF REPORT 11/17/2015